IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE:	02/01/2004			RS CHECKWRITE SUMMARY REPORT				
			(CHECKWRITE DATE: 02/03/2004				
			1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	1977	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		U	U		0	1977	2658	681
3404902	BLUE RIDGE COMM	11	639	CLIENT NOT ELIGIBLE ON SERVICE				
	UNITY			DATE				
		8505	419	CLAIM DENIED DUE TO INSUFFICIE	0	1094	1256	162
				NT BUDGET	0	1094	1236	102
		8621	32	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME	1			<u> </u>			
		+			1			
		0	0		n	0	0	n
	1							
3404905	TREND COMM MENT	21	44	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		0	0		0	44	44	0
3404907	RUTHERFORD-POLK	11	40	CLIENT NOT ELIGIBLE ON SERVICE				
3404307	RUTHERFORD-POLK	11	40	DATE				
		21	10	DUPLICATE OF CLAIM-SYSTEM	0	50	76	26
3404910	PATHWAYS	11	36	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8505	15	CLAIM DENIED DUE TO INSUFFICIE	0	54	58	4
				NT BUDGET		34	30	
		8517	2	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404912	CATAWBA COUNTYM	8505	78	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT	1		NT BUDGET				
		+			-			
		0	0		0	78	139	61
						70		
2404022		11	2106	CLIENT NOT ELIGIBLE ON SERVICE				
3404913	MECKLENBURG COM	11	2106	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT	+			+			
	1	1						
		8599	504	DETAIL NOT COVERED BY COMBINAT	105	3349	6099	2750
		1		ION OF RECIPIENT, PROVIDER AND	<u> </u>			
	1	+	-	BENEFIT PACKAGE.	+			
		143	271	CLIENT ID NUMBER NOT ON STATE	 			
				ELIGIBILITY FILE				
2404916	1	11	77	CLIENT MOT BITCIBLE ON CENTRAL				
3404916	CROSSROADS BEHA VIORAL HEAL	11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	VIORAL REAL	+						
		8621	14	60 RESIDENTIAL LEVEL III TREAT	0	95	190	95
				MENT RECEIVED, PA IS REQUIRED				
		+		FOR ADDITIONAL SERVICE.	1			
		21	4	DUPLICATE OF CLAIM-SYSTEM	 			
	· · · · · · · · · · · · · · · · · · ·		1	<u> </u>				

PROVIDER		HIGH DENIAL	NUMBER OF		muo	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404917	CENTERPOINT HUM	11	93	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	16	DETAIL NOT COVERED BY COMBINAT	0	109	308	199
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M	8505	42	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BODGEI				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE	0	83	133	50
				DATE				
		8502	19	CLAIM DENIED DUE TO INSUFFICIE				
		0302	19	NT ALLOTMENT				
				· · · · · · · · · · · · · · · · · · ·				
3404919	GUILFORD CO MEN	8505	8349	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	743	FURTHER PROCESSING NECESSARY,	61	9811	11076	1265
				PLEASE CHECK FOR CLAIM ON	91	3011	110/6	1200
				FUTURE RA'S.				
		8599	209	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACINGE.				
3404920	ALAMANCE CASWEL	8505	22	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		0	0		0	22	22	0
3404921	ORANGE PERSON C	8505	704	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	13	929	1679	750
				BENEFIT PACKAGE.				
		5404	41	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404922		21	1163	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	1103	DOPLICATE OF CLAIM-SISIEM				
	ER							
		120	68	CLIENT ID NUMBER MISSING OR IN	0	1337	2226	889
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	34	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	8505	202	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	RITY			NI DODGEI				
		8599	165	DETAIL NOT COVERED BY COMBINAT	6	581	2092	1511
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	103	FURTHER PROCESSING NECESSARY,				
		0000	103	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	+							
		+	0	*** NO DATA TO REPORT ***				
3404924	PIEDMONT AREA M	0						
3404924	PIEDMONT AREA M H/DD/SAS	0						
3404924		0						
3404924		0	0			_		-
3404924		0	0		0	0	0	0

DD OLLY DDD		UVAL DENIVAY	WINDER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	440	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		10	58	DIAGNOSIS OR SERVICE INVALID F	15	636	1243	607
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	52	DETAIL NOT COVERED BY COMBINAT				
		0333	J.	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8505	1073	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	893	CLIENT NOT ELIGIBLE ON SERVICE	80	2330	4566	2236
				DATE	00	2330	4300	2230
		21	63	DUPLICATE OF CLAIM-SYSTEM				
3404927	OUMPROTAND OO M	8505	1308	CLAIM DENIED DUE TO INSUFFICIE				
/	CUMBERLAND CO M HC		1	NT BUDGET				
		8599	78	DETAIL NOT COVERED BY COMBINAT	5	1454	2788	1332
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	53	FURTHER PROCESSING NECESSARY,				
		0000		PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404929	LEE HARNETT MH/	11	35	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		8599	1.0	DETAIL NOT COVERED BY COMBINAT				
		0399	19	ION OF RECIPIENT, PROVIDER AND	2	94	241	147
				BENEFIT PACKAGE.				
		8505	15	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404930		8505	14	CLAIM DENIED DUE TO INSUFFICIE				
3404330	JOHNSTON COUNTY MNTL HLTHC	0303	14	NT BUDGET				
	MNTL HLTHC							
		8621	5	60 RESIDENTIAL LEVEL III TREAT	0	19	349	329
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404931		11	451	CLIENT NOT ELIGIBLE ON SERVICE				
3404331	WAKE CO HUM SVC	11	431	DATE				
	BILLING OF							
		21	198	DUPLICATE OF CLAIM-SYSTEM	16	666	998	332
		1	1					
		8935	16	ASTNC INELIGIBLE TO RECEIVE SE				
			 	RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	8800	26	FURTHER PROCESSING NECESSARY,				
-	LLS CO MH C			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8505	23	CLAIM DENIED DUE TO INSUFFICIE			69	-
		1	 	NT BUDGET	0	61	69	8
		8526	11	CLAIM DENIED, UNITS BILLED MUS				
				T BE GREATER THAN ZERO				
		-						
3404933	SOUTHEASTERN CT	8505	653	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD	1	<u> </u>	NT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINAT	55	985	2903	1915
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5308	44	PRIOR AUTHORIZED UNITS EXCEEDE				
	+		<u> </u>	D				
				1				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8505	173	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8000	96	NO RATE AVAILABLE ON FILE TO P				-
		0000	50	RICE THIS CLAIM DETAIL		6 517	1111	582
				RICE INIO CHAIN DEIAIE				
		537	57	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0			0 0	0	0
3404936	WILSON-GREENE M	21	31	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT					1		<u> </u>
						1		<u> </u>
		0500	2	DEBATT NOW COURDED BY COURTER		1		
		8599	2	DETAIL NOT COVERED BY COMBINAT		1 36	437	401
		+		ION OF RECIPIENT, PROVIDER AND		1		
	1	+		BENEFIT PACKAGE.		+		
	1	120	2	CLIENT ID NUMBER MISSING OR IN		+		
		120	2	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				-
3404937	EDGEGOMBE NAGE	8505	277	CLAIM DENIED DUE TO INSUFFICIE				
	EDGECOMBE NASH MNTL HLTH C			NT BUDGET				
	MINIL BLIB C							
		8800	275	FURTHER PROCESSING NECESSARY,		0 647	1363	716
				PLEASE CHECK FOR CLAIM ON		017	1303	720
				FUTURE RA'S.				
		21	51	DUPLICATE OF CLAIM-SYSTEM				
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0 0	0	0
3404939	NEUSE MENTAL HE	8599	63	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		+		DENDITI FACINGE.		+		
		8000	45	NO RATE AVAILABLE ON FILE TO P				
	+	3000		RICE THIS CLAIM DETAIL		1 133	603	470
		+				+	1	
	+	+	-			+		
	+	8621	14	60 RESIDENTIAL LEVEL III TREAT		+		
	+	1 -	+	MENT RECEIVED, PA IS REQUIRED		+		
		+		FOR ADDITIONAL SERVICE.		+		
		+				1		
3404941	PITT CO MH/DD/S	120	297	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	89	DETAIL NOT COVERED BY COMBINAT	1	.9 508	1844	1336
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
						1		
		191	50	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME		1		
						1		
3404942	ROANOKE CHOWANH	11	31	CLIENT NOT ELIGIBLE ON SERVICE		1		
	UMAN SERVIC			DATE		1		<u> </u>
		1				1		
						1		<u> </u>
		U	U			0 31	31	0
						1		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENIALS	FINADIZED	PALD
3404943	ALBEMARLE MENTA	21	1764	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
	E HEADTH CE							
		8505	247	CLAIM DENIED DUE TO INSUFFICIE		2122	2027	1.07
				NT BUDGET	26	2120	2287	167
				NI DODGEI				
		8800	28	FURTHER PROCESSING NECESSARY,				
		0000	20	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404044		0.1	61.0	DUDY YOURS OF OVERTILE OUTSIDE				
3404944	EASTPOINTE HUMA	21	612	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
								ļ
		8518	108	CLAIM DENIED, SUBMITTED BEYOND	33	983	1980	988
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	86	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
						·	- v	
3404957	TIDELAND MENTAL	8505	179	CLAIM DENIED DUE TO INSUFFICIE				
3101337		0303	273	NT BUDGET				
	HEALTH CTR			WI DODGET				
		8931	7.6	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	76		108	367	613	246
				RVICES IN IPRS.				
			57					
		8599	57	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	11	91	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
	1	8800	34	FURTHER PROCESSING NECESSARY,	0	148	3443	3295
	+	+		PLEASE CHECK FOR CLAIM ON		140	2442	3233
	+	+	1	FUTURE RA'S.	+			
	+	+						
	+	8505	17	CLAIM DENIED DUE TO INSUFFICIE	1			
	+	0000		NT BUDGET				ļ
	1	1	1	MI DODGEI	1	1	I .	1